

# The Northern Osteopath,

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## Contributions

### The Publishers' Announcement.

This number of The Northern & Cosmopolitan Osteopath begins the Ninth Volume. It has seemed best to us to enlarge the magazine, adding sixteen pages, or thirty-three and one-third per cent to its size. With this enlargement we introduce two new departments; one wholly given up to the Profession—an Inquiry Department—for the first time introduced to the Osteopathic Profession, and A Digest of the Osteopathic Literature for the Month—this also being an innovation. We have been led to take this step by the belief that the profession of osteopathy has reached that stage in its history when it begins to feel acutely the responsibilities of the great system of healing which it represents. Having, as we believe it has, this sense of added responsibility, it will have somewhere an arena wherein may be assembled the gathered experiences and the ripest, richest thought of its ablest men and women.

To meet this intellectual demand we have decided to enlarge the scope of our magazine, by not only giving more space for contributions than we have been able heretofore to do, but to add the two departments of which we have spoken. We believe the profession will appreciate this effort, and that it will aid in keeping this magazine to the very forefront of osteopathic publications.

The profession of healing, from the dim, gray dawn of creation to the present time, has nestled beneath the benediction of the gods. Experimentation though it has been, back behind it and within it was the desire to heal the infirmities of mankind. And now that there has arisen out of the chaos of empiricism a system that takes nature into confidential relations, and proclaims the proven inefficacy of absolute reliance upon drug medication—that system, feeling the strength of its thews, demands a literature that will satisfactorily represent it.

In this statement must not be found any insinuation that heretofore osteopathy had an inadequate literary expression, for man creates equal to his needs, but rather should we be understood to declare that the profession of osteopathy is better and greater today than ever before, and that at no time in its history has there been so earnest a demand for an expanding and expansive literature as now.

We aspire to furnish a medium for the registering of these new and higher tides in osteopathic thought, and in offering to furnish this medium we are to be understood as seeking to do our duty, operating in a field where the sunshine, the rain, the climate and the soil exhilarate in labor and promise an abundant and gratifying harvest.

**Wm. R. Dobbyn & Sons.**

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### An Honest Confession.

**Dr. Edythe F. Ashmore, Detroit, Mich.**

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A few years ago a man who was something of a philosopher sought to entertain his companions at a wayside inn with a discourse on selfishness. His first premise was, that all men are selfish; his second, that selfishness is of two kinds, noble and ignoble. Ignoble selfishness gets all it can for self gain and gives nothing. Noble selfishness gets what it can for the good of the greatest possible number, including self, and concedes something.

In reviewing a case lately, I was reminded of this argument. The manner in which it appealed to me was this: A patient seeks the advice of a physician and is asked to tell his story. He gives a complete history of his case, even to telling some secret faults. This is noble selfishness. He gives something in the hope of a greater return. A second patient presents himself. He tells his present symptoms, but carefully conceals a history that reveals a grandparent with alcoholic tendencies, an epileptic aunt, an idiotic cousin. This is ignoble selfishness. He expects all, but is not willing to tell even a little of the past. We can readily understand the reluctance on the part of a patient to drag out the ugly, grinning family skeleton that haunts its unhappy victim with an ever present horror, but it is a story half-told of him who says, "This is my present condition—can you believe it?"

There are physicians who do not themselves realize the importance of a full confession of past and present in dealing with a case, and he is no physician who so forgets his sacred duty as to let slip one word

of such a confession, though often he offend the inquisitive neighbor or the curious member of his own family.

The past history that should be expected of a patient comes under three heads: heredity, accident, and acute diseases. The latter have an important bearing upon the case in the view of treatment. If a certain condition dates from an accident or an acute disease, the physician often seeks to remove the lesion of that period before promising relief from the present symptoms. Nothing strengthens osteopathic diagnosis so much as the history of an accident. In the trivial strains of every day life we rarely see remote pathological conditions, and yet the greatest number of cases unrelieved by any other system than osteopathy have a history of accident.

In their ideas of heredity scientists differ widely. Whatever law there be in the subtle influence of one generation upon another, it is still an indisputable fact that generations show the same tendencies, particularly toward disease conditions. The physician is deeply interested in the means of combatting this pathological influence and nowhere is a knowledge of family history so necessary as in nervous diseases. It forms the basis of one-half of the prognosis of a case.

To illustrate the difficulties under which the physician labors because he does not get an honest confession from his patient, I will cite a case from my own records. On the day of October 5, 1900, there came under my care a young lady of 22 years of age. Physical examination brought out some spinal lesions and the symptoms of spastic paralysis of adults: marked rigidity of lower limbs, particularly when the legs were extended, increased reflexes, ankle clonus, peculiar gait of hesitating, stiff movements and the toes dragging and catching against the ground, involvement of the sphincters, a partial ptosis of the right eyelid existing since birth, and great irregularity of the teeth. The usual questions were asked and this history was recorded: "Mother died of heart disease. All the rest of the family history excellent and personal childhood history good. No acute diseases."

Three months' treatment showed improvement. The sphincters became normal in action. A sudden development of greater rigidity caused a closer examination into the history of the family, and reluctantly it was told that the paternal grandparents died of paralysis and the maternal grandfather also died of paralysis after having been an alcoholic for years. A fall from a tree at the age of ten when the patient struck upon her right hip, right shoulder, and upper dorsal area of the spine

was also recalled, and to this they added that the mother had had a very large goitre most of her life. The prognosis now became grave and no hope was given for recovery, the treatment being expected to be only palliative.

About a month later some rather startling information was given by a cousin to this effect: At the birth of a son two years before patient's birth, the mother became insane and was removed to an asylum where, in a year, she recovered sufficiently to return home. Sixteen years after the patient's birth she was again confined in the asylum, where later she died.

The history of the case was now complete, but it had required five months and diligent inquiry even among distant relatives to reveal all things that might have a bearing upon the case. The case as now stated, aside from its symptoms, bore little resemblance to the same case as first told. It is probable that the family did not believe hereditary tendencies could be considered a factor, and it is hard for the physician to determine the influence of these conditions, particularly of the mother's case. If difference in the polarization of the cell units produce changes in the normal differentiation, it is probable that certain nerve pathways were disturbed in the development of the child, and we easily expect lack of co-ordination to appear early. The first insanity of the mother, evidence of the greatest chemic changes among her own cells, coming just two years prior to, and lasting until a year before, the birth of this daughter, on this theory of heredity likely exerted a stronger influence than the paralysis of the grandparents. In support of this we have the fact that the older sisters have always had the best of health. The irregularity of the teeth, which is one of the stigmata of degeneration, seems to manifest also the influence of the maternal condition.

A knowledge of primary facts in this particular case would have altered the prognosis little, but in many cases it would have an all-important bearing. The physician is often held accountable by the public at large for his failure to cure a case, of which, if the truth were known, he has been given little or no history.

The osteopathist has established an enviable reputation for honesty of diagnosis and prognosis. He will do his best whether or not the patient places all possible information within his reach. Honesty should beget honesty, and nowhere is it of so great moment that a creation of this noble purpose should take place as in the mind of him who places himself in the hands of another to be cured of the ills of the flesh. An honest confession is as good for the body as the soul.

Note—The case of spastic paraplegia attracted much attention, and for the information of those who remember it I will say that the patient was placed, June 16, 1901, in the care of Drs. S. and W. (allopathists), of Des Moines, who administered the iodides and bromides. A rectal abscess formed in February, and after it was lanced, severe bedsores appeared, in consequence of which constitutional maladies arose, from which the patient died, April 27, 1902.

Ashmore, D. O.

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### The New and the True.

**Dr. A. Still Craig, Iowa City, Ia.**

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It is not the policy of the Northern and Cosmopolitan Osteopath to waste its space on controversial personalities, but we were sufficiently impressed with the trite and pompous "ipse dixit" of a certain editor, whose magazine is regarded as the height of medical journalism and as representative of current medical opinion, that we allow him a few lines. We should hardly do so were he not one of a large class.

He watched osteopathic progress at first with surly contempt, but as he sees state after state recognize the new science and boards of health forced to admit osteopaths to their membership, he makes his supposedly representative organ ring with vituperation and abuse.

He claims for his "regular" school that it embodies the whole of medical knowledge, that his organ accurately represents its progress, yet in dealing with matters osteopathic he fosters the most absurd misrepresentations. He is constantly bringing before his readers, and through them their patients, such advertisements as those of osteopathic diploma mills, and their products, claiming to teach and to master osteopathy in a few short weeks, and showing these up as representative osteopathic institutions and physicians. He can be no more anxious for the suppression of these frauds than are the osteopathic physicians whose good name they assume and besmirch.

The writer has seen "regulars" in good standing having equal power with this editor himself to dispense poisonous and dangerous drugs, and yet so densely ignorant that they could not write an intelligible prescription nor read the obituaries of their patients. He has seen ignorance combined with such beastly intoxication that the doctor himself realized even with his whiskey befogged brain that he was in no condition to dispense drugs to his confiding patients and refrained from doing so till more sober.

We realize that these so-called physicians are not representative of the medical profession, and yet they are recognized as a part of it. On the other hand, these osteopathic impostors are not recognized by the osteopathic profession, tho more worthy than the above cases, and yet they are held up by enemies of the science as its representatives and types.

After measuring osteopathy by the standard of such men and such schools, and otherwise misrepresenting it, the editor under consideration fathers the following terse epigram concerning osteopathy, "What is new is not true and what is true is not new."

The profession of medicine represents conservatism and has been educated from time immemorial to the authority of precedent and the all-sufficiency of drugs, and yet with every hindrance to advancement, the common sense and education of the present generations have forced such extensive changes in its principles and practice that we can hardly fear contradiction from the profession in saying in regard to medicine that what is old is not true and what is true is not old.

As instances we mention the practices of universal bleeding and salivation and the cutting off of nourishment and water from the famishing fever patient, and the many other absurd practices then in vogue. A physician, if he would, dare not practice as he did forty years ago.

The profession of osteopathy, on the other hand, represents the renewed and vigorous investigations into the sadly neglected but powerful field of mechano-therapeutics and manual treatment. It represents the investigations of a keen and brilliant reformer, devoid of the Chinese spirit of ancestor worship, receptive, inventive, creative, and all the while eagerly searching for new truth. Tho such characters may in their zeal sometimes reach conclusions too soon and somewhat overstep the mark, they are nevertheless those who reform the world.

Osteopathy represents these conclusions, tested, sifted, advanced and proven by hundreds of thoughtful, intelligent and matured men and women, many of them having obtained first the culture of other lines of education, and attracted to this by its proven truths and results and by its possibilities for investigation and development.

Who shall stand upon the pedestal of antagonistic bigotry, whose concrete base is formed from the crushed stones of newly exploded theories, and declare such forces incapable of discovering new truths?

Rather may we there expect to find the newest truths and the truest innovations. The intelligent public of America, whom our editor derides,

combining the best in every profession and calling, together with a large number from the medical profession, bears witness that osteopathic discoveries are true and as these rest largely on anatomical and physiological discoveries of comparatively recent date, it follows that they must be new to the world.

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### The Physician and Evolution.

Louisa Burns, Pacific School.

"As to the weak and ailing children, those crippled or deformed, they shall be permitted to die." So says Plato. But even before his time it had been an accepted idea that the death of the weaklings would be beneficial to the race. "Mens sana in corpore sano" has long been considered the acme of human perfection. It certainly is an enviable condition, and just as certainly is not the inheritance of ailing or illiterate ancestors. Why, then, take such pains that these may live?

Besides, the life of the crippled or sickly is a grievous burden upon the strong. How many children are neglected because the mother has to care for some invalid, fretful, complaining, useless and unhappy? How many men whose life-work is poor and unworthy because they are bound by the needs of a helpless wife or crippled brother or invalid child? How can the fittest survive if they must bear the burdens of the unfit? This is the reasoning of the old time, and men write so to this day.

But the fittest will survive. What right have we to say who is fit? What right have we to suppose that bodily strength or physical beauty or even mental supremacy are attributes of that nobler race which is to succeed our own? For surely man, who, with his feet on the earth, can weigh the sun and measure the speed of the stars, is a type far more comprehensive than whale or bat or pterodactyl.

Perhaps the pterodactyls had ideas about evolution. I think I see a company of wise pterodactyls blinking their spectacled eyes and ponderously deciding that wings are a useless burden, that a big mouth, long teeth and strong legs are characteristic of the noblest pterodactyl-manity, and that the little pterodactyls whose wings are developed at the expense of their legs, "shall be permitted to die." I see Plato in the midst of those sage old pterodactyls. Mr. Gradgrind is with him, and Mr. Moneybags, and all that innumerable company who think the best things of life are eatable, and that the most beautiful things are those it takes two eyes to see.

We may imagine the young pterodactyls, chosen to live because of their breadth of mouth and length of limb, as they follow their less fortunate brothers to a sandy grave at the foot of a lepidodendron tree. How their decorously downcast faces beam with gratulation and conceit, and how firmly they stride along, in glaring unconsciousness of the strength that made them fit to live. And the sage old philosopher, whose decree has made life easier for the conceited young upstarts,—won't they see their mistake pretty soon, and gnash their long teeth, and wipe their tears away with the tips of their finny wings, when the youngsters decide that old age also is a useless burden, and that those who have survived their usefulness shall also "be permitted to die."

Perhaps all this discussion of evolution might remind one of a solemn conclave of caterpillars discussing learnedly upon the best way to preserve and beautify their coats of hair. But all their planning could not keep the wings from growing, and it may be our next estate may be as far nobler than our imaginings as the wings of a butterfly are finer than the hair of a caterpillar. The fittest will survive, and the fittest now will be the noblest.

Those early men, who piled up the kitchen middies, must have found muscular strength the chief characteristic of the fittest. Possibly the capacity for alternate engorgement and starvation was a close second to strength. It is not certain that these had physicians, but it is evident that they got well after a fashion. Bones have been found which had certainly been broken and had not been properly set. This is at least one case in which the mistakes of a physician did not stay buried. This is, indeed, a solemn warning.

If we may judge these people by the customs of people of our own time (some of them savage) it is not at all probable that their physicians had anything to do with racial development. Those who survived their kindly ministrations were doubtless those of sturdiest physique, while those who had sufficient intelligence and courage to refuse to submit to their nauseous closing and repulsive witchcraft were thereby fitted to survive. For a long time the only doctors were priests, and the only school of medicine witchcraft or demonology.

After these came the reign of the Drugs. These were, at first, rather superstitious than scientific. For example, the extract of a plant with a heart-shaped leaf was supposed to cure cardiac disorders. Later, the practice of medicine became almost scientific. If the aim of the physicians of a hundred years ago were to produce a race of people

who should be immune to drugs, they certainly went about it in the most scientific manner. Have they succeeded? Ask the manufacturer of patent medicine.

The pleasant taste and quick effects of the dear little wicked drops and candies which have succeeded the old-time horribles push us a step farther in the same direction. The habit of promiscuous dosing is encouraged by medicines of pleasant taste and great strength.

Of other classes of people who would heal, there are some who would negative the ailment in order to effect a cure. Should they be successful in denying the mortal away, and should there be any to inherit their good deeds, there would be, in time, a race of people who would not find it needful to deny bodily ailments,—for there would be no bodies to ail.

Certain others would influence body metabolism by a direct effort of the will. The result of this scheme, if it should be effectual, would be to bring every organ under conscious control, and would render volition indispensable to every function. It is hardly conceivable that such a condition would be conducive to the highest development of the race.

Hygienists would have us adopt such customs as would conduce to perfect health. They would give us whole tons of prevention. They would bestow upon the body such care as we all give a new bicycle,—and who could ask more? At first glance it would seem that perfectly hygienic living would be greatly beneficial to the race as a whole, yet there is something to be said on the other side of the question. It is generally believed that the strict hygienist suffers more from slight indiscretions than does a person of ordinary habits. Probably everybody is familiar with the moans and groans of a big strong man who has some little thing the matter with him. We want the most healthful environment possible, of course, yet we do not want to lose the power of adapting ourselves to unhealthful surroundings. A higher motive than the wish for bodily comfort often impels us to subject the laws of health to considerable tension. Are we therefore less fit to live? It is not at all an easy matter to run the boundary line between the estate of those who recklessly waste their physical energy and those who foolishly pamper their worthless bodies. This is one of the cases where every one must be his own surveyor. All the physician can do is to assist him in computing the variation of the needle,—a very difficult task, indeed, since there is so great diversity in the choice of a pole-star.

Delsarte and his followers have been teaching the doctrine of rest,—the art of complete relaxation of mind and body. In the rapidly increasing tension of life it is not probable that this very admirable teaching will have any great effect. This thing we call modern civilization is just a swift relentless maelstrom, and the sooner these conservative, rudiment-burdened bodies of ours accommodate themselves to the whirl, the better. The only trouble is that every circle of the "strenuous life" brings us nearer the vortex, into a swifter whirl and more explosive tension. However, it is better to live much than to live long, and "better fifty years of Europe than a cycle of Cathay." Life for life's sake is a stupid burden, more worthless than chaff that never carried wheat. Life is not itself a jewel, it is only the casket; it is not itself a thing to be desired, it is only the pathway which leads to earnestly coveted gifts. Nevertheless, the doctrine of rest is well worth preaching. The only reason it can have no great good effect is that it has no effect on those who need it most. Wise people rest when they are weary. Foolish people would insist upon rushing themselves into their graves even if

If we think of human progress as some mighty stream, whose current no man can stay or hinder, flowing through ever fairer countries toward the great sea, then we are like children playing on the bank, now tossing in pebbles that straightway disappear, now setting adrift wreaths of flowers that soon wither, now launching toy boats full of gifts for the unknown children in the far countries. The hands that are firm and gentle, and full of healing, shall they not add beauty and strength, mercy, loving kindness and hope, to the boats that bear greeting to those far away friends?

If evolution may be compared to the groping of a seedling, climbing toward the sun it never saw, then the wisest physician is he who does least of interference, who only sees that there be no physical hindrance to physical growth. For however much the beneficial spiritual effects of pain may be lauded, it is noticeable that it is chiefly the suffering of other people which is accounted holy.

Perhaps the upward progress of all life may be compared to some fine music. Beginning with sweet and simple melodies, the harmony grows always more intricate and strong, with finer and nobler themes swelling more and more glorious, until at last all the earth shall pulsate with its triumphant rhythm. The physician, then, may subdue some of the inharmonious strains of life, the pain and the weakness, the strings out of tune, that so pitifully often do fill the sweetest melodies with jarring discord.

Or we may compare evolution to the "lightning express." Children in the coaches try to make the train go faster by pushing on the front of the car. Useless? Perhaps so, but which child do we like best, the one who pushes forward or the one who pushes backward? We do not yet know what effect osteopathy will have upon human progress. At all events it doesn't corrode the machinery with chemicals, or load the train with horrible serums, or chop the cars with reckless surgery. People who ought to know say that osteopathy is going to do great things in the way of providing better homes for the spirits who shall inhabit the earth a hundred years or so from now. We will see about that later.

### Some Interesting Cases.

#### **Colle's Fracture, Edythe F. Ashmore, Detroit, Mich.**

One of the most interesting cases I have had this year was that of Mrs. W., aged 73, widow of a former governor of Michigan. In July last year, Mrs. W. fell backward down a staircase. Two physicians were called to attend her, one of whom was a prominent railway surgeon, who diagnosed a fracture of the shaft of the left radius. The forearm was bandaged in a fracture-box in a prone position.

The patient came to me in February with the following conditions: silver-fork deformity, showing that she had sustained a Colles' fracture of the left wrist with no evidence of any complication with the shaft of the radius, adhesions of the flexor tendons, marked dystrophy of the hand, limited motion of the wrist, supination impossible, great coldness of surface temperature which caused the patient more annoyance than the loss of function, fracture of the left first rib about its inner third with excessive callus impinging on the brachial plexus, slipped third rib on the same side.

I accepted the case conditionally, expecting to relieve only the abnormal surface temperature in the arm. I treated the case three times a week, directing my efforts to stimulate the vaso-motors to the arms from the first to sixth dorsal vertebra. Some passive motions were given the entire arm. The patient began to notice a marked improvement from the second week of treatment and found on the first of March, when she fell again and sustained a Colles' fracture of the right wrist, that the usefulness of the left had been in a great measure restored. I continued to treat the left wrist during the time I attended her for the treatment of the new fracture.

The Colles' fracture of the right wrist was complicated by a fracture of the styloid process of the ulna. By traction upon the hand with direct pressure upon the radial fragment I reduced the fracture. The wrist was placed between wooden splints, anterior and posterior, in a semi-prone position, with the wrist in slight dorsal flexion and the fingers flexed over a roller bandage, the hand inclined toward the ulnar side to relax the extensor corpi ulnaris to favor the adhesion of the detached styloid process of the ulna. The wrist was kept in splints three weeks, passive motion given the fingers daily. After the removal of the permanent supports, grosser movements were begun, coupled with treatment to the vaso-motors of the arm and the brachial plexus.

Two months have elapsed and the patient is using the hand with greater freedom daily. There is normal motion at the wrist, very slight deformity due to the inevitable shortening of the radius, no dystrophy, no difference in temperature, supination easy, in marked contrast to the left wrist.

Were it not for the interference with the brachial plexus by the broken left first rib, I should hope for a relief of the dystrophic condition in the left hand. Surgical interference for the relief of this would probably benefit the case, but owing to a malarial dyscrasia and the age of the patient, I have not advised it.

In conclusion, I would say I think the osteopathic practitioner should be fully equipped to treat all uncomplicated cases of fracture and dislocation. Our knowledge of anatomy makes this branch of therapeutics especially applicable to osteopathic practice.

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**Pelvic Trouble, Dr. Nellie Slaght, Monroe, Ia.**

Lady. Married 11 years. Mother of two children. Had one miscarriage.

On examination I found the uterus prolapsed, also retro-flexion, cervical laceration, tissues congested, cervix enlarged. Some leucorrhea. Irregular and scanty menstruation. Severe headaches. Bad contractions along the spine and a posterior lower dorsal. Circulation to limbs, poor. Tissues around saphenous opening and at popliteal space tense and sensitive.

Treatment was—replacing the organ, giving better circulation through the pelvis, relieving the venous stasis, strengthening the supports of the uterus. Kept patient quiet during menstrual period. Was not allowed to lift any heavy things while under treatment.

Freeing circulation to limbs was helpful also.

In a short time the case was cured. Uterus in normal position, no discharge, no congestion, cervix normal in size, menstruation more regular and quantity increased. No headache.

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**Acute Gastritis, Dr. A. C. Denny, St. Paul, Minn.**

I was called to treat an old lady aged seventy-eight for acute gastritis. On examination I found the entire splanchnic area posterior, and all the muscles of the back badly contracted. Patient pale, weak and cold; loss of appetite and complaint of nausea and a fullness and soreness and great morbidness of mind existed. The stools fetid and watery. Chronic dyspepsia already existing, which the patient had been subject to for a great number of years, and her age made the case both difficult and doubtful.

I paid strict attention to the diet, and by inhibition in the region of seventh to ninth dorsal I produced relaxation of the pyloric orifice and also of cardiac, assisting the gas to pass from the stomach through the oesophagus. I gave her gentle general treatments every other day and every day the special treatment for stomach and bowels. In a week she was sitting up able to go to her meals and said she never before was able to eat so well after her stomach attacks. She only took three weeks' treatments. I left her able to ride out with usual strength, good appetite, cheerful and much encouraged, believing her days lengthened by osteopathy.

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**Dr. Chas. D. Flanagan, Providence, R. I.****CASE I. HAY FEVER.**

Mr. T. Had been subject to regular attacks of hay fever for years, always coming on at its "regular time" each season. There were no pronounced bony lesions present. But a congested condition of the mucous lining of the upper air passages, with a hypersensitiveness of the fifth pair of cranial nerves. There was also a pronounced area of muscular contraction in the upper dorsal region which affected the pulmonary plexus of nerves. This case fully recovered after 3 treatments and received much relief from the first one. Hay fever is one of the most troublesome summer complaints, but usually yields readily to osteopathic treatment. It should always give a great measure of relief. The treatment should be begun from one to six weeks before an expected attack to obtain the best results.

**CASE II. PARALYSIS.**

Mr. C. Had lost all use of his left arm from repeated attacks of rheumatism. The pronounced lesion was atrophy of the deltoid muscle, which was reduced one half in size. Treatment of the brachial plexus and the blood supply of the arm, also a thorough general treatment for 3 months restored the arm completely, and now after 18 months is still as good as ever in his life.

Mr. C. is widely known and a loyal friend to osteopathy.

**CASE III. LUMBAGO.**

Mrs. W. Had lumbago for 10 years without any permanent relief. The lesions found were posterior dislocation of the fifth lumbar vertebra, with much muscular contraction. By relaxing the muscles and afterwards adjusting the vertebra gave entire relief. This case was treated for five weeks, and reported one year later that there was no return of the trouble to date.

**Typhoid Fever, Dr. J. H. Wilson, East Liverpool, Ohio.**

Case No. 1. Ordered medicine stopped. Made careful examinations of case from the beginning, and made exact notations of temperature and pulse as follows:

Date.	Time.	Temperature.	Pulse.
May 12	6:00 p. m.	104	130
" 13	7:00 a. m.	100 1-5	103
" 13	6:00 p. m.	102	116
" 14	8:00 a. m.	100	100
" 14	6:30 p. m.	101 3-5	106
" 15	8:00 a. m.	99 4-5	
" 15	8:00 p. m.	101	104
" 16	7:30 a. m.	100	98
" 16	6:00 p. m.	101	103
" 17	8:00 a. m.	99 4-5	91 to 93
" 17	6:00 p. m.	101 1-5	91 to 93
" 18	9:00 a. m.	99	91 to 93
" 18	7:30 p. m.	101	91 to 93
" 19	8:30 a. m.	98 4-5	83 to 85
" 19	6:00 p. m.	99 4-5	83 to 85
" 20	8:00 a. m.	98 4-5	83 to 85
" 20	6:00 p. m.	99 1-5	83 to 85
" 21	8:30 a. m.	98 3-5	83 to 85
" 21	6:00 p. m.	98 3-5	83 to 85

May 22 to 26, normal temperature not varying 2-5 degree; kept strict record of temperature every two hours from 7 a. m. to 9 p. m. Gave three (3) treatments per day until normal, very light. Since normal.

mal, once per day. Liquid diet for 14 days, consisting of gruels, broths, boiled milk, buttermilk, lemonade, milk and eggs. All the water he wanted. Sponged from two to three times per day and sponged face, arms, neck, feet every little while for first few days. Kept the stools down to one per day, but quite loose and very offensive. Always had body after bath rubbed with alcohol. General treatment, but special to upper and lower dorsal and lumbar regions. Special to spleen, liver and abdomen, but all very light. Special to neck and peritoneum.

#### **Neurasthenia, Drs. Carpenter, Chicago, Ill.**

Mrs. G.—Began treatment Nov. 16, 1901. Complaints and conditions found: Very nervous, sometimes getting out and running for blocks. Did not sleep well, does everything at a tension, very excitable. Never feels tired, but gets very sick at times. Every movement quick and nervous. Always has been so. Tried massage, would feel well after the treatment, but much excited and was unable to sleep after the treatment. Has been taking sulphur for the insomnia, also strychnine, bromides and calomel.

Daughter says that her mother had nervous chills which came on in the night.

Atlas anterior to the right and transverse process very prominent on right side. On left side it was quite hard to detect transverse process without rotating the head to bring it out. Patient could not turn head sideways to the right, as it would "lock." The atlas was considered the important lesion in the case. Entire spine very tense.

Patient also complained of congested feeling in the head, also headaches. Had a dazed feeling at times. At night would have noises in her head like ringing of bells, buzzing and whistles, etc. Bowels constipated. Irritation of the bladder, frequent micturition, burning, painful sensation upon urination.

Middle and ring fingers of left hand were peculiarly affected, when flexed was unable to extend them without use of right hand.

We found Mrs. G. could stand but two treatments per week. At first the improvement was slow, but she soon began to feel some better. Dec. 14, 1901, patient reported bladder trouble all gone. Fingers could be extended at will and caused no inconvenience. Head seemed better, but did not sleep. Did not have such a tense feeling. The treatment was almost entirely inhibitory, relaxing the spinal structures, also bowels and liver received attention. During January, 1902, Mrs. G. missed almost three weeks' treatment. During her absence an M. D. friend

made an examination of her neck by request. He said our diagnosis regarding the atlas was incorrect, that the prominence was a process of the skull. I made a very careful examination and then said I thought I could prove that I was right, as the neck structures were in a relaxed condition. I gave a slight, easy manipulation, there was a click heard by the patient and myself also felt the vertebra move, and I had proven that my diagnosis was correct. I asked the patient to turn her head sidewise toward the right shoulder, which she was able to do with no discomfort.

February 13th, day of next treatment, she gave this report: Noises in the head had stopped almost entirely. Could sleep with her head turned on the pillow, which she had not been able to do for years. Had been sleeping every night without her drugs. Could turn head from side to side.

She is now enjoying a trip through the South.

Mrs. G.'s old family physician met her just before she left the city, and upon request he made an examination of her condition, after which he said that he wanted to congratulate her and that he never could have expected to see her looking so well, and gladly gave the credit to osteopathy.

## Health Department.

**Dr. C. W. Young, Editor.**

In the May issue of the Northern and Cosmopolitan Osteopath we made two quotations from the Naturopath without comment, and Dr. J. A. Still, editor in chief, interposed the surmise that this was done "doubtless to stimulate discussion." He further expressed the opinions that "disease and death are as natural as birth, and would be in the nature of physical things without regard to ignorances or fear," and that the quotations were "permeated with the arrogance and bombast of self-sufficiency," and that "the shaking hand that writes of the simplicity and certainty of health will soon be beating a tattoo of travesty and sad burlesque on the editorial desk."

### Utility in Discussion.

We are glad that Dr. Still recognizes utility in stimulating discussions and that he is willing to have such things appear in the journal that has attained much of its value and popularity through his editorial skill. We

think the recent debate in St. Paul by Drs. Hall, Ohage and Clark on the subject of "Vaccination," listened to by an attentive audience crowding a large opera house to its utmost capacity, did a vast amount of good, notwithstanding the view of the Pioneer Press that no beliefs could be changed and only former beliefs were intensified. In a fair, open contest truth is always the gainer. Nothing did so much for anti-slavery as the debates of Lincoln and Douglas.

And now as I enter the arena against the Editor in Chief, I will say: Let us shake hands. You have been very considerate of me. I am sorry I have never seen you and am not personally acquainted with you. I have a great deal of admiration for the sentiment recently expressed by you that, "While proper discussion and criticism are always legitimate, there is nothing that tends more to sicken and disgust than petty rivalries and unseemly slurs on those who are of a different belief."

#### **Despair.**

I most emphatically agree with the sentiment expressed in the quotations from the Naturopath, though the language may not be scientifically exact. There are millions of people whose minds are more or less impregnated with the despair so frankly admitted by Dr. Still, and the strongest motive I have had for my present editorial labors, which are certainly labors of love, is to drive away this despair.

#### **Is Disease Natural.**

If there is no science or knowledge that can be obtained to enable one to get health and keep it, a health magazine is useless. If disease is natural, the multitude of osteopathic journals are in error when they say that osteopathy is natural. If disease is natural, any agency tending to eradicate it must be unnatural as working against the course of nature. If I believed that disease was natural, I would throw my editorial pen in the fire and curse the Creator that had purposely created me for a life of torture, notwithstanding the fact that I had all the wisdom a man could possess and was entirely willing to live in harmony with Him. A thing is "natural" when it moves along according to God's will as distinguished from harmful artificialities created by man.

#### **Wild Animals.**

Wild animals, acting according to instinct, unperverted by the foolish customs and habits of man, are invariably healthy, and die painlessly of old age, in the absence of accident, assault by foes and inability to secure food or water. They are not made sick by violating nature's laws. A close study and imitation of their manner of living would be as much

benefit to man, so far as his bodily welfare is concerned, as anything else he could attempt. As described in the Nature Cure for June, they are up with the sun. They restrict themselves to their natural diet exclusively, and that is not of a great variety. Their food is not devitalized by cooking. They rest after their meals. Their only beverage is water. They take regular exercise. They are not hampered by tight clothing. They breathe pure air and it has free access to their skin along with the light of the sun. Sexual intercourse is had for procreation only—never for mere lust.

[Yet when a man overeats they call him a "hog"—They must refer to the educated hog.—The other editor.]

#### Simplicity of Health.

This kind of a life is simple and resulting good health is certain. The trouble with man is, his life is too complex. Modern civilization is a tremendous labyrinth of complexity with resulting disease and premature death. It is simpler to retire early and be out of doors at the break of day, and receive the gloriously vitalizing power of the rising sun, than to infest the dance halls and ill-ventilated theaters at night, and be heavily slumbering in darkened chambers for many hours after the sun has arisen. It is simpler to secure and restrict one's self to the fruits, nuts and grains that nature has prepared for man than to devour the products of the slaughter houses after they have been heated and seasoned in the frying-pan, taken in connection with the endless variety of food prepared with all the supposed skill of modern cookery. It is simpler to drink water only than to drink the thousands of poisonous or harmful mixtures found at the coffee stands, the soda fountains and the saloons. It is simpler to be out of doors and breathe the unpolluted air than to erect houses with closely fitting windows, wherein one may inhale to his fill enclosed air that has been poisoned by former breathing. It is simpler to let the air strike the nude body than to keep it forever covered, with the grossly mistaken idea that it is a thing to be despised. It is immensely simpler to have sexual intercourse for procreation only than to indulge in the abominations of the brothel or in those harmful excesses that nearly all married people regard as their right.

For these reasons I believe that health is a simple thing. The great mass of civilization-cursed humanity on reading the above plan of living, in their present state of gross ignorance of health laws, are likely to become scornful or think the writer somewhat demented, but I believe with the Naturopath that ignorance would die, "if men only knew how simple

and certain and beautiful a thing health is, and how its permeating, radiating, perpetuating history [could] thrill through their whole being."

#### Personal History.

I have noticed it to be the fashion of many editors of health magazines to narrate this style of writing more than any other. In receiving directions relative to contributions to another publication, the editor said to me, "Bear in mind, the concrete is more pleasing and certain to be read than abstract preachers." Now I feel very intensely that I am right on this question, and I feel, too, that my readers must be led to believe as I do on this issue with the editor in chief, or all my labor will be in vain; so I am tempted to indulge in a detailed personal history, but have decided not to do so as yet, but in agreeing with the Naturopath I want to try to say something to cause my readers to see that I am not guilty of "the arrogance and bombast of self-sufficiency." About four years ago a disease of the digestive organs had settled itself upon me and I consulted with reputable physicians. The drugs faithfully swallowed seemed to bring relief at first, but in a few months the disease seemed to settle its fangs more deeply than ever. No one who has never had a similar experience can conceive of the anguish of mind that comes from a settled conviction like the one that came over me, that this horrible demon would accompany me all the rest of my days, and that his unwelcome presence would rob me of all power to take pleasure in anything. The unutterable despair left me after treatment by a skilled osteopath. He put me on my feet, and I was then ready to learn that I must live naturally and simply if I would fully regain my health and keep it. I had graduated from a high school and one of the oldest colleges of the East, and had studied Latin and differential calculus and geology, and had also graduated from one of the best law schools in the country and had practiced law and had done editorial work, and I believed that I knew a thing or two, but a wild horse has by instinct much more really valuable knowledge than I had learned in all my schools and colleges.

Not long ago the glorious truth dawned on me that health is natural and certain, and this conviction has done as much to help me regain health as any one thing. I have believed that by seeking I could find, and that knowledge and self-mastery were alone necessary to the acquisition of that exuberant health that I believe is the God-given birthright of every human being. Though the victory is not yet complete, my hand does not shake, and I do not expect that it will ever beat "a tattoo of travesty on the editorial desk."

**Health Restoration.**

While health is simple, and its maintenance is certain by obedience to health laws, a breaking away from old habits so as to regain lost health is a tremendously difficult thing. How to live in a city and have all your associates continually break health laws without doing so likewise is a hard problem. We should let nothing stand in the way of health. Style, dignity, custom, fashion, conventionality and wealth should always take a place second to health.

In former articles the writer has often referred to the damage done by corsets. In his opinion they are doing more harm than alcohol. There are more women using them than there are men using alcohol, and they are just as sure to crush womanhood as alcohol is to crush manhood.

A corset just as certainly and effectually unfits a woman for marriage as tobacco and alcohol unfits a man. Don't let the idea of looseness deceive you. No pen can ever describe the inconceivable agony to womanhood by the sacrifice of their bodies to the all-prevailing idea that a wasp-like waist is a thing of beauty. A small waist as compared to bust is to be desired, but this should be accomplished by bust development, by enlargement of the breathing capacity and by exercise, so as to secure muscle instead of fat around the abdomen, and not by crushing vital organs.

**Reform.**

It is just as hard for a woman to quit wearing a corset as for a man to quit smoking. Habits bind women just as strongly as men. Like the confirmed smoker, the confirmed corset wearer may need to quit gradually, and she may need to take certain exercises to develop the wasted muscles the use of which are prevented by the corset. A thin woman can quit wearing a corset and no one would know the difference. A fleshy woman needs to exercise the abdominal muscles, thereby changing fat to muscle, and so lessen the size of the waist line. She can get so that her waist line is much smaller without a corset than it was with one. Corsets make some waist lines larger by rendering the muscles inactive, causing deposits of fat.

The waist line for all garments should be ascertained by measurement while holding all air possible with the abdomen distended as much as possible, and when this measure is used the garments must be supported from the shoulders.

[This is not a technical magazine and is therefore not controversial in character. But it is conducted solely to exploit and advance a particular science or system of healing.

The physicians of osteopathy, we regret to say, do not find the maintenance of health to be either simple or certain.

## A Digest of Osteopathic Literature.

### Announcement.

It is the purpose of the editor of this department to quote osteopathic physicians and osteopathic magazines and such other writings wherein he finds literature bearing upon the great profession of healing. He will not feel obligated to quote only that which agrees with his views, but to quote, according to his judgment, to the advantage of the magazine and his constituency of readers. There is sometimes an advantage in seeing ourselves as others see us; and, too, an adverse criticism may be used to admirable account by quoting it and following it with a rejoinder.

The increased and rapidly increasing circulation of the Northern and Cosmopolitan Osteopath warrants the enlarging, not only of its size as a publication, but the broadening of its horizon as a leader in the thought of the system of healing known as osteopathy. With this end in view, the editor invites the members of the profession to this arena now provided for them, and whether friendly or hostile to the opinions of this magazine, to feel at home and welcome.

The main purpose, however, in creating this department is to assemble, in as brief a space as possible, the most important utterances in osteopathic literature for the month; to quote striking paragraphs from important letters to the editor or publishers where no violation of confidence will take place, and to glean from the world of letters for the edification of those who are interested in the creation of better bodies, nobler natures and a fitter environment for men and women.

### Well Spoken Opinions.

#### A BROADER CURRICULUM.

Dr. Edythe Ashmore:—We need a curriculum that will fit the osteopath to compete with his medical friends or enemies on the battlefield of any disease. Our strides in diagnosis have been marvelous, but they have not reached their possibilities. The spirit of investigation has placed us fairly in the field of microscopic structure, healthy or diseased, and it should lead us on and past our medical scientists until we shall be able to state definitely the changes in structure and function accomplished by osteopathic manipulations.

**A MANLY APPEAL.**

Dr. Evans, Editor A. O. A. Journal:—One rule of ethics which must be placed to the credit of the medical profession is that which makes available to the whole of suffering humanity any method or appliance which any member of the profession shall find better than the old. Patents, secret formulas, anything which tends to restrict the free use of whatever will help sick people, deprive him who would profit thereby of professional fraternity. Shall we be less high-minded, more sordid and commercial than the old schools? The fact that in the practice of osteopathy there is little use for those things is all the more reason why such as we may use should not be a source of profit to the practitioner, and by so much ought it to be easier for our profession to be known as not exploiting the necessities of the sick.

**NEITHER DYING NOR DEAD.**

"I am sure the M. D. from Chicago who thinks osteopathy is dying out here is misinformed. I see nothing to indicate anything of the kind. On the other hand every day shows an increase of interest in the science. The rule is, that nearly all the patients we have, after taking treatments for a time, are so well pleased with the benefit derived, that they begin to tell their friends about it, and invariably in a short time some of these friends come for treatment also. Among our patients we have some of the best people in the city—lawyers, credit-men, merchants, etc.

We have a great many friends among the M. D.'s, and it is quite a common occurrence nowadays to have patients come to us who have been advised to take osteopathic treatment by their family physician.

The prospects for osteopathy in Chicago today, I believe, are brighter than any time heretofore, because the "people" are being educated along osteopathic lines. Three years ago very few knew what the science was; today nearly everyone knows something about its principles and what has been done by our method of treatment.—Geo. H. Carpenter, D. O."

**THE STANDARD OF EDUCATION.**

Dr. J. Martin Littlejohn, Chicago.

We are face to face with a critical period in the history of osteopathy. The problem of education is the all-absorbing one.

The osteopath must be a master in anatomy and physiology, an expert in physics and mechanics, and a deep student of the other fundamental sciences. He cannot memorize an osteopathic *materia medica* as the other practitioners can do with their systems. Hence he must be so

thoroughly educated that he can reason for himself and make the individual case the basis of his diagnosis and therapy.

The curriculum of an osteopathic college ought to be well balanced and proportionate, so as to furnish the groundwork upon which the individual may build in the school of personal and practical experience.

A thorough foundation must be laid in the fundamental sciences. This is absolutely essential to osteopathic success, because anatomy, physiology and pathology represent the very vitality of our system of osteopathic *materia medica*.

To cover the ground we need three years, or four years including osteopathic surgery. I think we should take surgery, as we have taken the field of the practice of medicine and obstetrics, and make it our own. Surgery is not a separate science, the greater part of osteopathic practice is minor surgery. There is greater need today for osteopathic surgery than for osteopathic medicine, because crazy surgery is the fad. We yet we are content to recognize the necessity for it as a final resort and send our cases to the very men who are crazy over these surgical cases. We can build our hospitals as we have built up our osteopathic infirmaries, and we can have access to already existing hospitals. Our profession will be complete when we conquer surgery as we have conquered medicine, and make both fields our own on an osteopathic basis. [To this end, Still College, Des Moines, has developed its chair of surgery into great activity and usefulness.—Editor.]

#### TIMELY ADVICE.

The following paragraphs are from "Medical Talk": "Go to bed in fresh clothing every night. Never think of allowing yourself to sleep in the clothing worn during the day. Not a stitch of it. Take everything off. Put on night clothing that has been thoroughly aired."

During the summer months, when the body is sweating considerably, a quick, tepid bath before going to bed is a good thing. Keep the skin clean all the time. When you get up in the morning, take off everything again. This is the time to take a cold bath, very quickly, with vigorous rubbing. If, for any reason, you do not take the cold bath, rub your skin all over thoroughly with a rough towel. Don't be afraid of being naked a little while. There is no better tonic for the skin than nakedness.

Take off everything. Give yourself a little hand massage. Exercise the muscles. Rub your skin with a coarse towel, anything, so as to spend a little time naked. Then put on fresh clothing.

People who wear the same clothes night and day get themselves surrounded by an atmosphere of their own bodily emanations that is positively filthy. Neither faith cures nor drug cures are of a particle of use to dirty people.

Cleanliness is the first law of health. If this law be broken, it will be very little use to try any remedy."

**NORMA E CIRCULATION MEANS HEALTH.**

A. L. McKenzie, B. S. D., D. O., Kansas City, Missouri:—The osteopath is often asked what he can do in treating germ diseases without drugs. It may seem to be an anomaly in the minds of those who have been schooled in the drug theory. But it will be found that the regular osteopath will be in his element in answering all such questions. We are asked, Do you believe in the germ theory? We answer that germs play a very important part in the causation of many diseases. We have a specific treatment for all such diseases, but here I can give but briefly the underlying principle. We carry out this principle by controlling the circulation. I could take up any one of such diseases as typhoid fever, chills and fever, diphtheria, consumption, pneumonia, cancer, venereal diseases, or any other disease where germs play a part, but a general principle will suffice. There is one fact recognized by all that gives the osteopath the key to unlock the principle for treating all so-called germ diseases. Two persons drink the same water that contains the germs of typhoid fever; one takes the fever, the other does not. Two enter the same room and are exposed to the measles; one takes the disease, the other does not. Two wait on a consumptive and breathe the germs of the disease; one takes consumption, the other does not, and so on. These are every-day facts, and it is reasonable to infer that this difference is due to the degree of vitality. These germs must have proper soil in which to live and multiply. This soil must be dead tissue. If the vitality and circulation is normal, these particles of dead tissue will not be permitted to accumulate in the body. It is reasonable to infer that the doctor who treats successfully any of these diseases must first find and remove the first cause, which always precedes the action of the germs, because in many cases the germs are mere scavengers of the body, and are the results and not the cause of the disease. It may be proper to state here the basic principle of osteopathy—normal circulation means health. The white blood corpuscles are the germicides of the body.

**Book Notices.**

Abbott's Bacteriology.—A Practical Manual of Bacteriology for

Students and Physicians. By A. C. Abbott, M. D., Professor of Hygiene, University of Pennsylvania. New (6th) edition, revised and enlarged. In one 12mo volume of 636 pages, with 111 illustrations, of which 26 are colored. Cloth, \$2.75 net. Just ready. Lea Brothers & Co., Publishers, Philadelphia and New York.

We have recently read "Thought Force" by William Walker Atkinson, 5, The Colonnades, Vincennes Ave., Chicago. Price \$1.00. It is written in the style we like. The language is plain, direct and forceful, and the book is eminently practical. A mastery of the ideas would greatly help an osteopath to larger planes of usefulness in helping his patients.

Quain's Dictionary of Medicine.—New, thoroughly revised. One volume edition, bound in half morocco. Price, \$10.00.

A Dictionary of Medicine.—Including General Pathology, General Therapeutics, Hygiene, and the Diseases of Women and Children, by various writers. Originally compiled by Sir Richard Quain, Bart., M. D., LL. D., F. R. S., with the assistance of Frederick Thomas Roberts, B. Sc., M. D., F. D. C. P., and J. Mitchell Bruce, M. A., M. D., LL. D., F. R. C. P. The third edition (1902) largely rewritten and revised throughout. Edited by H. Montague Murray, M. D., F. R. C. P., Joint Lecturer on Medicine, Charing Cross Medical School, and physician to out-patients, Charing Cross Hospital; Senior Physician to the Victoria Hospital for Children, Chelsea, and to the Foundling Hospital.

It is written by 284 contributors, including the most eminent specialists.

It has been brought thoroughly up to date.

It contains 1912 pages, 17 new plates, 14 being in colors.

D. Appleton & Company, Publishers, 72 Fifth Avenue, New York.

A special feature of Quain's Directory is the complete, almost exhaustive treatment given to a great variety of subjects, at the same time that it answers the purpose of a dictionary in treating, in briefer form, a very large number of subjects. It is somewhat encyclopedic in character and somewhat of the nature of a Practice of Medicine. It is in reality a dictionary, cyclopedia and Practice combined.

The object of the publishers and of those responsible for the new edition of this dictionary has been to produce a book that shall serve as a reliable and available work of ready reference for the practitioner and student of medicine.

The general scheme of the book as planned by the late Sir Richard Quain and his assistant editors has been preserved, and the special

emphasis laid on the diagnosis and treatment of disease has been maintained, although the pathology and etiology have also been very carefully considered and revised.

Some departure from the original plan has been deemed advisable. Many articles—excellent in themselves, but not in accord with the special object in view—have been omitted, while repetitions, as far as possible, have been excluded. Thus it has been found practicable to include a large number of new articles, to rewrite many others, and yet to publish a dictionary in a single volume.

The recent and ever-increasing incursions of surgery into the realm of medicine have received adequate recognition, and more space has been allotted to what are generally known as "special branches."

A large number of cross references have been inserted to bring under the notice of the reader articles giving further information on the subject under discussion.

The discussion of "Infection," "Temperature," "Poisonous Food," "Poisonous Meat," or foods and meats which, under certain conditions, become poisonous, "Filariasis," to which some eight or nine pages are devoted, are but samples of the style and character of the work, which includes features not found in many other medical dictionaries.

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#### Physiognomy and Facial Massage.

Dr. J. A. Herron, Minneapolis.

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Advance sheets of this new book, "Physiognomy and Facial Massage," have been placed on the managing editor's desk, a perusal of which has much interested us. Indeed so valuable is the book, as indicated by the short chapters submitted, that we felt prompted to call on Dr. Herron and if possible prevail upon him to forecast, to some little extent, the scope and purpose of the forthcoming volume. Accordingly we visited him one day early in the month and obtained from him answers to the following questions:

"Is there any system of massage, as applied to the face and neck?"

"I claim that there is no scientific system of facial massage in existence at the present time. Some sort of 'facial cream,' or so called 'skin-food,' with a few accessory, haphazard manipulations of the skin and muscles of the face, constitutes the method and all there is of facial massage today."

"What advantage do you claim for your system over existing methods of facial massage?"

"I claim—I hope my claim will not be considered egotism—that my system is scientific. I reach results by employing scientific methods—methods which every osteopath will readily comprehend and acknowledge.

"It is absolutely necessary for the masseur to understand the vaso-motor nerves in order to know how to build up or reduce tissue; to relieve or remove congestive headache, keep the eyes bright and clear, and in short remove congestion or inflammation from any part of the head or neck.

"My book treats of the face and neck only; but there are structures in the neck through which nearly all parts of the body may be influenced. It is just as necessary to know how to clear up and naturalize a red face as it is to flush up and enliven a pale one.

"I venture the assertion that there are few, very few facial masseurs, or even writers upon the subject, who know anything about the vaso-constrictor nerves of the face and neck; and that there are not any in the United States, and I might add the rest of the world, who can describe where or how the vaso-dilator nerves for the face and neck can be reached. I claim that the facial, sympathetic and vaso-motor nerves, which are not sufficiently well understood by anyone, are vastly more important than facial cream and manipulations."

"How long have you given special attention to this particular subject?"

"About five years. The study of the face, as a physiognomist, has been a 'hobby' with me for twenty years or more, but not until after I studied anatomy and physiology for the profession of osteopathy did I commence a series of investigations and experiments which have brought to me the great reward of having discovered some truths which if applied to the treatment of the face and neck will ward off unseemly wrinkles and expressions, such as do not express character and give a history of conduct. You know, Mr. Editor, that Dr. Oliver Wendell Holmes said: 'Every doctor ought to be an expert physiognomist.' I say that every person of intelligence ought to make an effort to become an expert at this most fascinating and necessary of all studies. But of all persons, those giving facial massage should be the first and most interested in physiognomy. When physiognomy is understood, every line, elevation and depression on the face has a meaning; then every manipulation is given understandingly, for the general improvement of the face. Without this scientific knowledge one is ever groping in the dark, and liable to do more harm than good."

"Are there many treatises published on physiognomy?"

"Certainly; some of them possessing merit. They are suggestive and attract the attention of the reader to certain facts well to remember. But those of most value are cumbersome tomes, expensive, and to a very large degree valueless. They are not valuable from a scientific point of answering the probing questions of well-trained anatomists and physiologists. And so as to facial massage. My system is brief, practicable, and, I think, reliable. It is my own system, if a man can rightfully claim any child of his brain his own, and has been evolved from my studies as an osteopath seeking to know the human being as a physician should know it—a physician who loves his labors and rejoices at doing humanity good. I believe the osteopath can derive more benefits from the knowledge of physiognomy and facial massage than anyone else. Every physician ought to understand the temperament and peculiarities of his patient, otherwise he cannot advise or prescribe intelligently. It is good business, if you choose to put it upon that plane. Patients will talk about the doctor who understands them thoroughly; and with my system of facial massage, by which more can be done in five minutes to build and brighten up the face than in half an hour in the old haphazard way, friends and neighbors will see and appreciate it, and the doctor will be duly rewarded."

"When do you anticipate publishing your book?"

"In a few months, I think. I am engaged just now in 'rounding out' the work and in making experiments to prove or disprove my theories. While the book will not be large, and will sell at a moderate price, yet to make it of value to the profession I must almost endlessly dig after the great truths that lie beneath the surface with every human being."

## The Inquiry Department.

### Announcement.

This department is conducted for the benefit of the practitioners out in the field. We are the first of the osteopathic journals to institute such a department, and trust the practitioners will feel at liberty to use it for inquiry on any subject osteopathic.

In writing for help on a case, give only the patient's initials, and we will use only your initials in signing the inquiry. In all cases give a full but concise account of the case. We would like to have a report on cases that have come before this department. In referring to a previous case always refer by number.

Address all letters for this department to

The Northern and Cosmopolitan Osteopath,  
Inquiry Department. Des Moines, Iowa.

Number 1. I want help on a case that I have failed on. Miss M. W., age 23, rather fleshy, but her flesh is firm and she was able to get about quite easily. Last winter she attended a dance and fell on the floor; when she went to get up one limb was flexed the leg on the thigh, and she could not straighten it. She states that at no time has there been any swelling, discoloration or inflammation, except when vigorous attempts have been made to straighten the limb; then there are sharp, cutting pains right in the joint. She has been to M. D.'s and used massage, electricity, hot air, liniments, and everything in their line of treatment. I have examined carefully her spine, hip, knee and ankle, and can find no lesion; the bowels are normal, and she is perfectly well every other way.—C. M., D. O.

Answer: I should judge that there has been a slight slip of one of the semilunar fibro cartilages. Remember that the cartilages are fixed when the leg is extended, but rotate to some degree on the tibia when the leg is semiflexed, and when she fell the leg was partly flexed, and with the sudden jar or strain the cartilage was misplaced. The joint would be locked if there is the slightest kind of a misplacement.

Determine if you can which one is misplaced by noticing the position of the leg and on which side of the knee the pain is most felt; then increase the flexion of the leg, and with the thumb press inward on the misplaced cartilage and at the same time extend the leg and twist it in an opposite direction to the injured side. Don't use force; work gently.

Number 2. Dear Inquiry Department: I have a case of—What? A young man, 19 years old, was troubled all last fall and winter with lumbago and pain in the left side, running down into his hip. He used to be quite strong, but went on a hunting trip last fall, sleeping out and roughing it generally. Soon after he came home began to have this pain in his back, and it has been getting worse right along, until now he is in bed, very much emaciated, and the muscles around the hip are stiff and sore, and nothing seems to help him. Lately he has been having night-sweats that pull him down badly.

He has had all the M. D.'s in town, and called me to have me try my hand, but results have not been satisfactory.

The cervical and upper dorsal regions are O. K., but there are several posteriors and rotations in the lower dorsal and lumbars; the lower ribs are off of course with the vertebræ.

He looks as if he were in the last stages of consumption, only there is no cough or fever, and the lungs are sound. C. B., D. O.

Answer: You have a case of psoas or lumbar abscess to deal with. They are tubercular in character. No doubt the lesions were the primary cause, and the hunting trip the exciting cause; he caught cold, it settled in these muscles, and not having the proper care it developed into a cold abscess. I would advise that you treat the case surgically or turn it over to a surgeon.

Number 3. Dear Doctor: I have a case of enlarged lymphatic glands in the neck of a child six months old. One gland is nearly as large as a hen's egg, the others are about the size of the end of your thumb. The large gland is soft, as the mother has been using hot poultices on the neck. The birth was normal and no complications. Enlargement of the glands was first noticed about two months ago.

The mother has a bad cough and pain in her chest most of the time, but no night sweats or fever.

I have examined the baby and cannot find anything particularly wrong with the baby. He is a fat, sturdy little fellow, but coughs a little, and the glands push his head around to the side. M. F., D. O.

Answer: The child has probably nursed a tubercular condition from the mother. I would advise that the child be weaned at once, and both the mother and child be ordered to go where they could have abundance of fresh air and sunshine.

The enlargement of these glands is undoubtedly from tubercular infection, the large one having broken down, an abscess resulting. It is a surgical case and should be referred to a first-class surgical practitioner. Examine the mother carefully for tuberculous areas in the lungs, and put her on a very nourishing diet, and give strong stimulation over the thorax. Of course all lesions of the ribs and vertebræ must be corrected. Examine the sputum.

Number 4. Dear Doctor: How would you treat a case of catarrh?  
O. H., D. O.

Answer: This is a very indefinite question, as catarrh is of numerous causes, and may be situated in many organs of the body.

Presuming that you mean nasal catarrh, I will suggest the following: Examine the cervical vertebra for subluxations, the muscles of the neck and fauces for contractions causing a retardation of venous flow, the stomach, liver and intestines for causes of reflex disturbances. If the patient is a male, the genitals, including the prostate and the rectum; if a female, the genitals, including the internal organs and the rectum for

reflex disturbances. Too free sexual indulgence or masturbation may be the cause. If any of these conditions exist they may be the cause, and should be corrected.

Examine the nose and post nasal space for polypoid growths and spurs of bone hypertrophic turbinates or deflected septum; if these are found they should be removed, as they are at times the entire cause. Careful search will generally reveal the cause; it will, as a rule, be found to be a reflex condition, and by correcting the cause and applying local treatment to the nose to secure a good circulation, a cure can be effected. Of course the patient should use an antiseptic nasal douche, using Weyth's alkaline antiseptic tablets (Seiler's).

In some cases, however, the case must have surgical attention.

In the future please be more definite in your request for help.

Number 5. Dear Doctor: I have a case that has puzzled me a great deal and wish your help. The patient is a young lady 22 years old and a music teacher. She is well built and quite well in every way but one. About three years ago she began to lose her voice until it got to be only a whisper, and she had a severe tickling in her throat so that she coughed a great deal. She tried specialists and change of climate and got no better. She has been troubled with piles for several years, and one day they were hurting very badly, and she thought she would try anointing them with carbolated vaseline. As soon as the rectum was well annointed she noticed her throat felt easy, and by continuing this treatment she can now talk with ease, but if the rectum gets dry her throat begins to feel tight. I have examined her carefully and find she has two piles that are down low, nearly external; the sphincter muscle is so tight I can hardly introduce my finger; the uterus is congested, but not misplaced; the coccyx is anterior and the lumbar vertebræ are all posterior; in fact her spine is so straight I can lay a yard stick from the 1st D to the 5th L, and it will touch the spine of every vertebra. I have treated the case now for a month, and it being so peculiar I would like to have some explanation of the connection of the larynx with the rectum.

C. K., D. O.

Answer: For an explanation of the connection between the rectum and larynx remember the sympathetic nervous system. It is in Chapter III of Byron Robinson's "Abdominal Brain," I think, in which he explains the reflex very extensively. It is not at all uncommon to find cases of chronic sore throat, bronchitis, tonsilitis, nasal catarrh, etc., due to some

rectal trouble. The tight sphincter is probably due to the displaced coccyx.

Correct all spinal lesions and gradually dilate the external sphincter ani. In your diagnosis you must also exclude syphilis and tuberculosis of the larynx.

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## The Editor's Own.

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### The Milwaukee Meeting.

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The Educational Committee of the American Osteopathic Association was instructed at the last meeting of the association to examine the character and quality of work being done by the various schools and colleges of osteopathy, their equipment, course of study and faculty, and to report at the coming association, Milwaukee, which ones are worthy of recognition by the association. This the committee has not done, the reason assigned being the absence of funds to pay the necessary expenses. The Still College, Des Moines, offered to pay the expenses of the committee if they would visit it and make the contemplated examination and report, but the offer was not accepted, presumably for the reason that the desired object would not be gained unless all the schools were so visited and examined.

It is only fair, however, and in accord with the law of the government in the examination of banks, and of custom, generally, that each institution desiring the recognition of the association should pay the necessary expenses of examination, and without doubt this will be the order of the association. The American Osteopathic Association ought to become the institution of osteopathic authority in America. To do so it must have general support and the affiliation of regular graduate osteopaths generally, and officers must be selected who will dignify their exalted positions by equal and exact justice in all actions, by broad yet conservative administrations.

These conditions President Booth has filled. Some of its committeemen and trustees have descended to narrow, mean and partisan acts that have been sufficient to keep the association down where it is in influence and usefulness, smaller in membership than the Iowa Association, alone. As a marked contrast, the Iowa Association at its recent meeting, with an attendance of more than two hundred, conducted its

deliberations with judicial fairness. The new Iowa law, admitting to practice the graduates of only such schools as are recognized as of good standing by the Iowa Osteopathic Association, and a majority of the members of that association are graduates of the Still College of Des Moines, which was the object of a petty conspiracy on the part of a half dozen weak representatives of competitive schools last year. Yet this association recognized the graduates of all these schools that are still alive, and went even to the borders of liberality in such recognition.

They appointed a committee to make some further investigations as to the relations of some schools to the Iowa standard, which is the highest in some particulars of any state in the Union.

It is inequitable and weakening to place on a par with good schools, such ones as grant full graduation for two hours of night school work, during twenty months, or such as have inadequate faculties, laboratories, equipments or courses.

On the other hand, schools must have their days of beginning, and every conscientious, thorough and well directed effort to build up colleges of true osteopathy should be encouraged.

This magazine has an abiding confidence that the American Association will have its greatest meeting at Milwaukee, made great not only by attendance, but by the transmission of memberships of those who cannot attend, and by the wisdom and judicial fairness and breadth of those who are present.

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#### **Home Study Courses Impracticable.**

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Frequent inquiries are received concerning home-study or correspondence courses. No reputable osteopathic college has such a feature, nor, for that matter, is there such a bona fide course anywhere conducted by recognized graduates of osteopathy. Investigation has usually traced these so-called correspondence courses to a "man and a desk," in a small room of some great city.

It has been argued by parties connected with such work, that it has a justification in that it serves to gain the first interest of students, who subsequently find that they have not a useful equipment for practice, and are forced to matriculate in an established osteopathic college to secure it. If this be true, it certainly has a poor justification in morals, unless it be after the manner of the fable of the turtle, which is told to illustrate the work of the street medicine fakir. The turtle

advertised far and wide that at a certain time and place he would walk upon the water. There gathered to witness the event a vast multitude of fishes in the water and of frogs on the banks. In due time the turtle boldly walked across the waters—stepping on the heads of the suckers. The frogs were present to carry out the illustration by croaking.

Actual experience has demonstrated the impracticability of mastering anatomy and physiology and the other elements of an osteopathic college course at home. The studies are so abstruse and complex that the stimulus of class recitation and frequent inter-class quizzing is essential to the maintenance of consecutive interest and progress. Most of the studies are conducted directly in the laboratories. The mastery of practical Chemistry, Histology, Pathology and Dissection are possible only in the laboratories, while the acquirement of skill in diagnosis and treatment are possible only by long and faithful attendance upon the daily general clinical demonstrations, the special demonstrations in gynecological clinics, in general and orificial surgery and by two full terms of actual experience in the treating rooms under the direction of skilled specialists.

For these reasons, neither the American Osteopathic Association, nor any of the state associations or state laws or boards of medical examiners, or reputable colleges, so far as we are advised, will recognize work done in home study or correspondence courses, either as a basis of the right to practice or as a basis of credit on any recognized osteopathic college course.

### **From the Field.**

Will those who are going to attend the National Association at Milwaukee, August 7, 8 and 9, write us at Minneapolis, at once. We wish a complete list of Minnesota's roster of osteopaths for the great occasion.

### **An Appeal to Loyalty.**

The next meeting of the American Osteopathic Association will be held at Milwaukee, Wis., August 6, 7, 8 and 9.

Here is an opportunity for the graduates of all recognized osteopathic schools to show their loyalty to the cause of osteopathy. A large percentage of the membership of the A. O. A. are graduates of one college, while a larger percentage of members who have attended past meetings were also graduates of the same college. This is not as it

should be. The A. O. A. is not a college affair. It is an organization for the advancement of osteopathy, as its old name stated, and one of its principal functions is to do away with all rivalry among graduates of different colleges, and to get them to work in harmony for the betterment of osteopathy. In this the association has succeeded to a certain degree, but not as it might have succeeded had the graduates of the different colleges taken up the work, as it was hoped they would.

Altogether too many osteopaths value their right to become members at any time they may choose, but who have never used the privilege. What a protest there would be from these osteopaths if they were informed that the membership list was full, and no more would be accepted.

The A. O. A. has done good work in the past and is entitled to the support of every legitimate osteopath.

Therefore, my dear doctor, if you have not already done so, join the association at once and plan on attending this meeting. It promises to be the banner meeting, and if you miss it you will lose an opportunity of making yourself a better osteopath.

Warren B. Davis, D. O.,  
Milwaukee, Wis.

#### **Commencement at Still College.**

The commencement exercises at the Dr. S. S. Still College of Osteopathy, Des Moines, Iowa, mark the close of a prosperous term and of a prosperous year. The June graduating class is the largest in the history of the institution, numbering eighty-three graduates and four post graduates. The make-up of the class is such also as to insure a strong and vigorous contingent to the number of physicians in the field.

#### **The Baccalaureate Sermon.**

The baccalaureate sermon was preached Sunday morning, June 22d, by Rev. T. J. Van Horn, at the new Congregational church, which is now the finest in the city, having been recently completed. Seats were reserved for the graduating class and their friends to the number of about one hundred and sixty.

#### **Junior-Senior Reception.**

The beginning of the commencement season was inaugurated with the reception given by the juniors to the seniors on the evening of May 16th at Our Circle Hall, the finest hall in the city for such entertainments. The music for the evening was furnished by the Still College Orchestra. The program in full was as follows:

Overture .....	Orchestra
Address of Welcome.....	J. C. Rule, President Junior Class
Response.....	A. A. Knecht, President Senior Class
Music .....	Orchestra
Vocal Solo .....	Miss Harriet Garton
Violin Solo .....	Dr. C. W. Gaskell
Music .....	Orchestra
Vocal Solo .....	Mrs. Grace Clark DeGraff
Duet (Trombone and Cornet).....	Dr. Harrod and Dr. Laird.
Sketch from "David Garrick".....	G. L. Herriman, Director
Music .....	Orchestra
Refreshments.	
Grand March.	

The program of the evening was concluded with a grand march, in which about one hundred and sixty guests, besides the members of the junior class, participated.

#### Banquet by the Board of Trustees.

A delightful banquet was given by the trustees of the college to the senior class on the evening of June 20th, at the Savery. At the conclusion of the five-course dinner Col. A. B. Shaw, secretary of the college, served as toastmaster in the absence of the president, Dr. S. S. Still, who was called to Minneapolis to deliver the address to the graduating class of the Northern School. Col. Shaw is quite as much at home, however, on all such occasions as in the administration of the business affairs of the college, and in a felicitous manner directed the forces of wit and repartee which continued to scintillate throughout the evening. Toasts were responded to as follows:

The Relations of the Alumni to Their Alma Mater.....	Wm. F. Wurth
Osteopathy .....	Dr. J. W. Hofsess
Violin Solo .....	A. R. Turner
Tutors and "Tooters" .....	Emma Cooper
That New Sign .....	Dr. R. W. Bowden
Post Graduates .....	Dr. J. A. McKee

#### Graduating Exercises.

The graduating exercises were held at the Y. M. C. A. hall on Thursday evening, June 26. The program is as follows:

MARCH—Cornet Solo, with accompaniment.....	A. B. Laird
Invocation .....	Rev. A. B. Marshall
Vocal Solo .....	Mrs. Grace Clark DeGraff
Address .....	
Music .....	Still College Orchestra
President's Address to Class.....	Dr. S. S. Still
Vocal Solo .....	Mrs. Grace Clark DeGraff
Presentation of Diplomas.....	
Music .....	Still College Orchestra
Benediction .....	



1 Wm. F. Wurth. 2 Irene M. Sniff. 3 Harry D. Trask. 4 Mrs. Furman J. Smith. 5 DeForest B. Catlin. 6 Lillian G. Higinbotham. 7 Estelle D. Knecht. 8 A. Frederic Shaw. 9 Leonora H. Cushing. 10 Chas. J. Higinbotham. 11 Mae E. Dowlin. 12 Walter C. Burd. 13 Charlotte Escude. 14 Lewis L. Phelps. 15 Elizabeth Frink. 16 Ralph W. Rosebery. 17 Emma S. Cooper. 18 Sidney A. Bartlett. 19 Jennie C. Beguin. 20 Allen A. Knecht. 21 Paul C. Goodlove. 22 William E. Craggs. 23 Edw. D. Bennett. 24 Minnie M. Osborne. 25 Earl D. McLaren. 26 Jean G. McBurney. 27 M. D. Wilbern R. Dowlin. 28 Wilson Beam.

**Commencement at the Northern.**

The Northern College of Osteopathy and Surgery closed its year with a very enjoyable and entertaining commencement exercise.

A class of fifteen was graduated and without an exception, notwithstanding our high regards for those gone before, we believe it is the most enthusiastic and scholarly class that has left this college. Nearly all its members were located before the college closed and many have gone directly into good practice.

The program was well arranged and very smoothly carried out.

Addresses were made by Drs. C. W. Young, L. M. Hayes, E. J. Freeman and E. C. Pickler. An eloquent and very thoughtful response was delivered by Grant E. Phillips in his, the class president's, address. Dr. E. J. Freeman, dean of the college, on behalf of the faculty, presented the class for graduation, and President Pickler conferred the degrees, closing with a very excellent address to the class.

The addresses were interspersed by very entertaining music, two selections of which were rendered by Mr. C. W. Deronda Dobbyn. These were highly appreciated and showed excellent culture and exceptional natural ability. Mr. Dobbyn did himself great credit in the rendering of these selections.

The whole entertainment was a very pleasing affair and, senior-like, the class were all sure that nothing could have been better and so far nothing had ever equalled it. We wish the young people great success and bid them godspeed in the great and philanthropic work they have entered.

The valediction was given by the Rev. Dr. Feagles, and it was spoken in well chosen words and wholesome Christian advice.

The following is a list of the graduates of the Northern College June, 1902, and their present and near future addresses:

Oscar Carlson, Sisseton, S. D.

M. F. Smith, 113 Nicollet Avenue, Minneapolis.

Ed Albright, 117 E Twenty-seventh Street, Minneapolis.

Chas. H. Howard, 309 Kasota Building, Minneapolis.

Louise Feagles, Glendale, Minn.

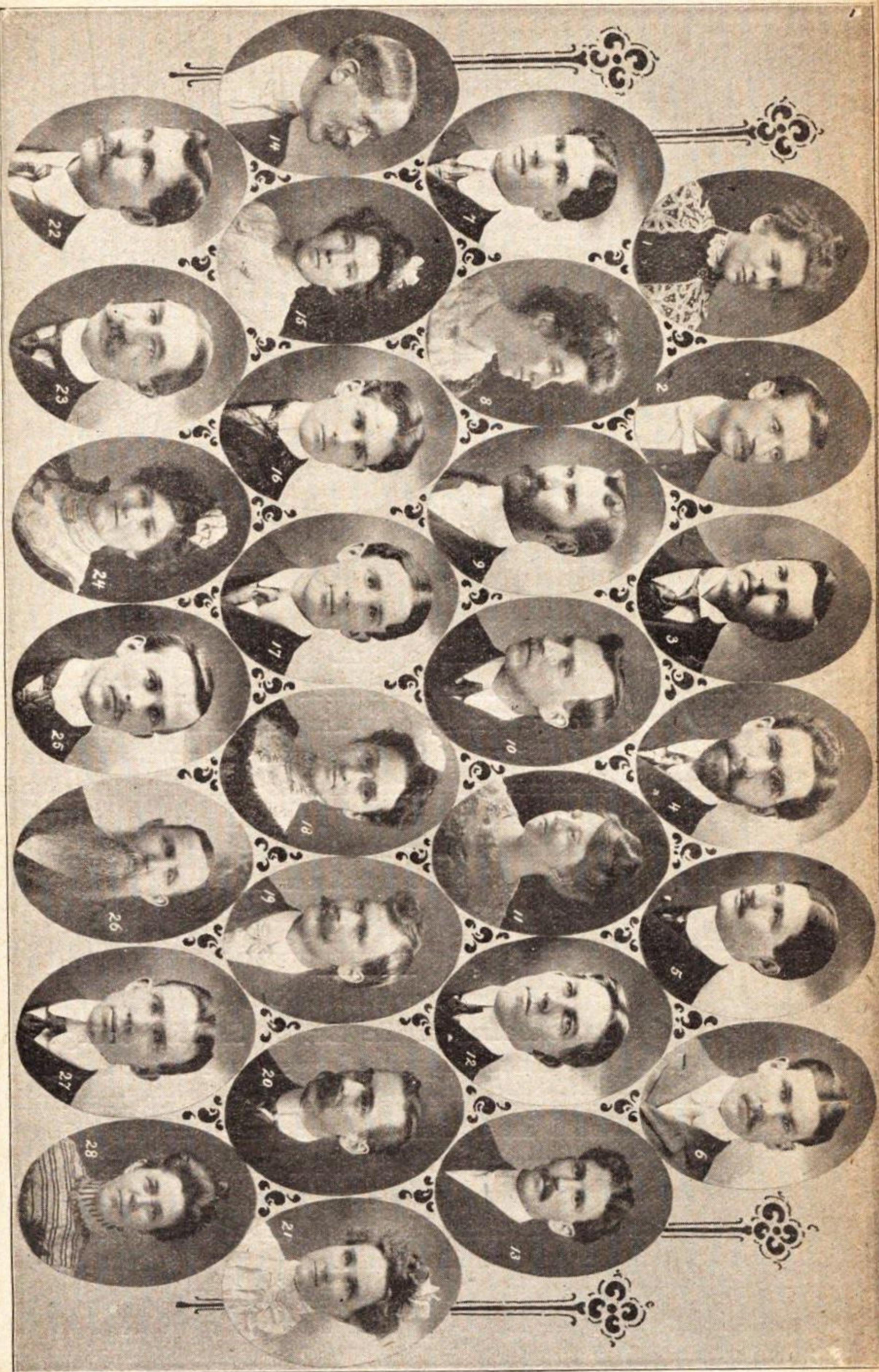
Bertha W. Moellering, 6 Commercial Building, St. Paul, Minn.

L. S. Bottenfield, 1522 Elliot Avenue, Minneapolis.

W. H. Shuette, 608 Twenty-third Avenue N, Minneapolis.

B. F. Bailey, 20 E Seventeenth Street, Minneapolis.

Grant E. Phillips, 2636 First Avenue S, Minneapolis.



1 Bertha E. Sawyer. 2 Wm. George Classen. 3 James A. Ross. 4 Everett C. Ward. 5 Robt. M. White. 6 William D. Engelke. 7 Ralph C. Wallace. 8 Edna Bishop. 9 Jas. C. Young, M. D. 10 Chas. E. Crow. 11 Nelle R. Page. 12 Byron S. Peterson. 13 Carl K. Struble. 14 C. Marion Moffatt. 15 Mary W. Warner. 16 George C. Parsons. 17 Floyd P. St. Clair. 18 Metta A. Burd. 19 Ernest E. Conway. 20 Wm. W. Dumm. 21 Frankie C. Titus. 22 John H. McDowell. 23 Chester S. Shimer, M. D. 24 Grace G. Wilson. 25 John H. Lowe. 26 Chas. H. Spencer. 28 Laura M. Loc. o.

Wilma F. Hoefling, 49 Mercantile Building, Salt Lake City, Utah.

W. O. Flory, 3234 Pleasant Avenue, Minneapolis.

Irving G. Finfrock, Waynesville, Ill.

Gabriel S. Stern, Baltimore Block, St. Paul, Minn.

William H. Eckley, Baltimore Block, St. Paul, Minn.

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#### A Reception to Dr. S. S. Still.

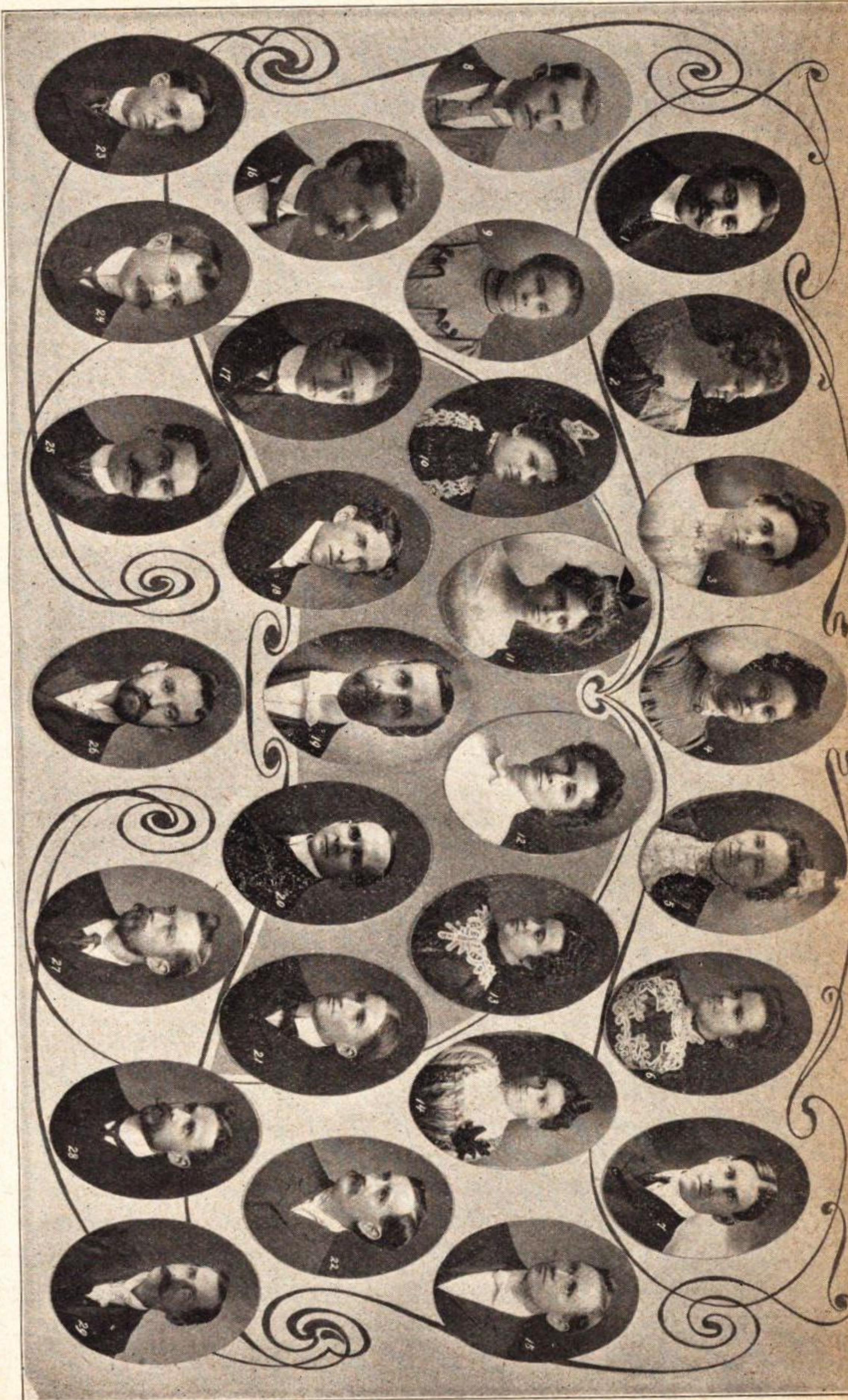
In some unfortunate way dates of commencements became mixed, and Dr. Still reached Minneapolis the next day after the Northern College graduation exercises. This was a great disappointment to all interested, as well as to Dr. Still, who had made to Minneapolis a journey of three hundred miles in order to be present. As soon as it became known that the doctor was in the city so many inquiries came to our office for him that it was thought expedient to arrange for a meeting where all who could would arrange to be present. Accordingly word was sent out that an informal reception would be given him in the parlors of the West Hotel, kindly offered for the occasion, and Saturday, the 21st, from high noon until 2 p. m. a fine company met and greeted the doctor. Wm. R. Dobbyn introduced him to the Minneapolis company and the doctor replied by delivering a speech full of both wit and wisdom. Dr. E. J. Freeman followed with a warm welcome for Dr. Still, whom he characterized among the foremost men in osteopathy in the world, and whose college we in Minnesota should loyally support. After an hour's visiting adjournment was taken to the hotel dining room, where justice was done to a well served dinner.

Dr. Still spent a good share of the afternoon with Gov. Van Sant in St. Paul and returned to Des Moines in the evening.

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#### The Greater Still College.

Upon the consolidation of the Dr. S. S. Still College with the Northern College of Osteopathy and Surgery one of the officers evolved an expression now common in modern advertising to herald the event, and the consolidated institution was announced as the "Greater Still College." Comparisons are often odious, and yet it is gratifying to receive appreciative letters from the graduates of the Northern College in welcoming the consolidation. One of the most successful of them, now practicing in an Eastern state, writes: "I only wish that I might be able to spare the time this year to spend at least a couple of weeks in the study of the X-ray machine, one of which I will soon install for myself. I have all the practice I can handle and have reached



- 1 Chas. H. Ervin. 2 Harriet E. Johnson. 3 Della B. Caldwell. 4 \*Dr. Sarah B. Reynolds. 5 Mary C. McDowell.  
6 Sophia L. Gault. 7 Winton J. Clark. 8 William A. Settle. 9 Theodosia DeDonald. 10 Florence A. Barton. 11  
Maud S. Mills. 12 Kate R. Miller. 13 Jennie C. Fleming. 14 \*Dr. Mary M. Hofsess. 15 \*Dr. J. W. Hofsess. 16 F. A.  
Lacey. 17 Dana G. Sniff. 18 Robt. E. Anthony. 19 C. E. Thompson. 20 James A. Still. 21 Arthur R. Turner. 22  
Elmer D. Jordan. 23 E. M. McKee, M. D. 24 H. L. Studley. 25 \*Dr. James A. McKee. 26 Frank A. Wright, M. D. 27  
John L. Hamery. 28 Henry V. Adix. 29 Clark E. Edgerton.  
\*Post-graduates.

the point where it is necessary to send patients away because I have not the time to handle the cases. This leaves me in a position to choose my cases, which is a very desirable thing to do. With best wishes for the faculty of the Greatest Still College, I am, yours fraternally."

One of our graduates who was a teacher of more than ordinary ability and success, an author of a text-book very generally in use, writes that a friend of his who is a minister will enter our college course in September. He says: "It is becoming fashionable to lay old teachers and ministers on the shelf at an early age, and he intends to make his own shelf."

#### List of the Associated Colleges.

The S. S. Still College.....	Des Moines, Iowa
The American School.....	Kirksville, Missouri
The Pacific School.....	Los Angeles, California
The Atlantic School.....	Wilkesbarre, Pennsylvania
The Boston School.....	Boston, Massachusetts
The Philadelphia School.....	Philadelphia, Pennsylvania
The Southern School .....	Franklin, Kentucky
The Bolles Institute of Osteopathy.	

These schools and colleges have associated themselves together for the purpose of protecting the profession, by placing the requirements for graduation so high that no one not intent upon the practice of osteopathy as a profession will be likely to take the course.

This organization is a protest against the correspondence schools and the short-term schools, which can do little else than send out incompetent men and women to practice a serious and dignified profession. The Northern and Cosmopolitan Osteopath is in thorough sympathy with the high aim of these schools, and has declined to publish advertising for any school not recognized by this association.

This is done not from any personal antipathy to those who are conducting short-term and correspondence schools, but on the broad principle that a great profession requires much time and large opportunities in preparation. This the short-term and correspondence schools do not give. We are in accord with those schools that are steadily advancing the curriculum, and we have no doubt but that the schools of osteopathy will ever rise to meet the requirements of a most exacting public opinion.

Gradually, state after state is enacting laws which protect the public from the badly prepared and the impostor, and it has finally come to pass

that in several of the most important states only graduates of recognized schools are admitted by the State Board to the privileges of professional practice.

It follows that those contemplating the study of osteopathy should graduate from a recognized school. Self-respect and respect for the public should prompt this course.

It does not follow that there are not very worthy men and women practicing osteopathy who have graduated from other than the recognized schools. Many of these studied before this association was formed, and are students today. But we claim that, now the association being formed, there is no just reason why the colleges that have spent thousands of dollars in experiment and thousands of dollars for equipment and are expending thousands of dollars every year for specialists in education to instruct their students should not be upheld in their efforts to make a degree in osteopathy of the highest possible value. To sustain these colleges is our theme; it is especially due to the public that every safeguard should be thrown around it in a matter so vitally affecting its most sacred interests. For these reasons, and many others, we appeal to all schools to elevate their standards, if necessary, and apply for membership in the association.

It has been suggested by several osteopaths in the Twin Cities that the members of the Minnesota State Osteopathic Association have a banquet at their meeting on Friday of State Fair week, in September. We would like to have the opinions of practitioners throughout the state as to whether they would like a feast for the stomach along with the feast for the mind on this occasion. Please address all communications on the subject to Dr. C. W. Young, 801 Germania Bank Bldg., St. Paul, Minn.

#### The Secretary's Instructions.

The Northern and Cosmopolitan Osteopath, Minneapolis and Des Moines—Gentlemen: Please announce in your journal that a rate of one and one-third fare has been secured for those desiring to attend the annual meeting of the A. O. A. in Milwaukee, August 6, 7 and 8. It is of great importance that those who expect to purchase tickets for this occasion fully understand the necessary details. This rate is granted on what is known as the "certificate plan" and depends upon compliance with certain conditions and agreements. The purchaser of a ticket from any point within the prescribed area pays full fare to Milwaukee, obtaining, at the same time, from the agent who sells the ticket, a certificate receipt for the same. Upon reaching Milwaukee this receipt

must be presented to the secretary of your organization at the earliest session possible in order that it may be duly signed. If one hundred of these certificates are presented the secretary in turn delivers them to a joint agent of the railway companies who will be in attendance at Milwaukee on August 7th. When the certificates have been properly signed and stamped by him they will be returned to their respective owners, entitling the holders thereof to purchase a return ticket at one-third the usual rate. The three conditions necessary are that one hundred certificates be handed in, that they be certified by the secretary of your association, and that they be again signed and stamped by the joint agent, who will be there only on one day—August 7th.

The lines granting the rate are the Illinois Central Railway, Wisconsin Central Railway, Rock Island Route, Central Passenger Association, and all lines comprising the Western Passenger Association. The rate is also granted over lines of the Southwestern Passenger Association in Missouri south of the Missouri river. Other associations have refused to grant the desired rate on account of the small attendance which could be promised from their respective territories.

If from any section of the United States, not covered by the lines above mentioned, a sufficient number of osteopaths desire to attend this meeting, and will notify me of the probable number, I will be glad to take up the matter again with the passenger agent of that territory.

If the home agent cannot sell a ticket through to Milwaukee, and if it is necessary to purchase two or more tickets the purchaser must be sure to obtain a certificate with each ticket. If the ticket is purchased at a point not governed by the lines mentioned above, it is possible to purchase a ticket to the nearest point within the territory where the reduction is granted, and there purchase the ticket to Milwaukee, subject to the reduced rate for return trip. These tickets will be limited to purchase of going tickets not later than three days previous to opening date of the meeting and must be presented for return tickets not later than three days after closing date (Sunday not to be accounted a day in either case).

The dates of the meeting as considered by the associations are August 5 to 9, in order to allow for meetings preliminary and subsequent to regular meeting of association, which is August 6-8.

If these conditions are clearly understood and the requirements followed it will save much annoyance to the purchaser of a ticket, the secretary and the agent. I shall be glad to answer personally any questions concerning the matter.

Very truly,  
Irene Harwood, Secretary.

The American School of Osteopathy will conduct a summer school, in which histology, pathology, chemistry and dissection will be taught.

A short summer course for the benefit of graduates who wish to pursue some specialties, will be given by the S. S. Still College at Des Moines, beginning July 7 and closing July 28. A large number have already been registered, and special preparations are making for a splendid course.

The work of preparation for the national meeting at Milwaukee goes on apace. The business to be transacted, the papers to be read, the program of outings, etc., were never so important or so attractive. There should be no hesitancy on the part of any graduate of the associated colleges about becoming a member of the association and attending the meeting at Milwaukee.

The minister who gives due attention to his conference or synod is generally successful; the politician who attends the conventions of his party finds it an immense advantage, and the physician who is loyal to the associations of his profession will, as a rule, win largely in the field of practice. This is history. Therefore we say, let all join the National Association and attend its meetings.

The various osteopathic colleges are issuing fine catalogues this year, and a noticeable advance in the curriculum is welcome. The S. S. Still College at Des Moines can be pardoned for feeling delighted and exalted over the series of successes which have come to it, and through it to the profession in Iowa, this last college year. The college had already carried a curriculum equal to the high demand of the law before the special law for osteopathy had been enacted. This fact had much influence upon the legislature at Des Moines.

The State Board of Osteopathic Registration and Examination of Connecticut will hold their next examination in Hartford on the first Wednesday after the first Monday in July. It will include Anatomy, Physiology, Pathology, Histology, Chemistry, Obstetrics, Gynecology, Principles and Practice of Osteopathy and such other branches as the board may require.

H. L. RILEY, Recorder S. B. of O.

### Personals.

Dr. Fayette Cole of Omaha, Neb., visited the college June 18th. Her practice is already enviable.

A. Wingard, D. O., notifies us of his change of address to 1311 Demonbrenn street, Nashville, Tenn.

Dr. Ernest C. Bond of Sabetha, Kan., called at the college June 23d. He is one of the osteopathic winners, with an appropriate Christian name.

Dr. Sarah F. Pugh has removed, together with her sister, to her home at Deer Ridge, Mo., where she will enter the practice. She is well equipped.

Dr. Z. Z. Probst, the osteopathic practitioner at Story City, Iowa, made Still College a pleasant visit on the 23d of June, accompanied by his friend, Mr. Helvekus.

Dr. J. W. Kibler, ably assisted by Dr. W. J. Seaman, deserves great credit for gallant fight for osteopathy in West Virginia. Both were former students of our Dr. Still.

Dr. Kathryn H. Byers, one of the graduates of Still College, was a visitor at the college June 23d, on her way home from Adel, Iowa, where she was called by the death of her grandfather.

Mrs. Lilian Forgy of Newton, Kan., a sister, and Mrs. Fehr of Sterling, Kan., mother of Mrs. Col. Quick of the junior class (S. C. O.), have been visiting here recently, and also visited the S. C. O.

Dr. A. U. Jorris of La Crosse, Wis., was appointed delegate to the Tuberculosis Congress held in New York a few weeks ago, by Governor La Follette. This is not only complimentary to Dr. Jorris, but to osteopathy.

Dr. Laura Haden of Oklahoma City, Okla., has been making a pleasant trip through the Pacific coast cities and among other places visited was Salt Lake City, Utah, where she called upon Dr. I. D. Carpenter.

Mrs. M. H. Parson, D. O.; of the June class, 1901 (S. C. O.), wife of Rev. C. L. Parsons, D. O., of the June class, 1900, and mother of Geo. C. Parsons of the June class, 1902, visited her son, the city and the college during commencement week.

Dr. Grant Edmond Phillips, of the June class, N. I. O., 1902, has decided to locate in Mazeppa, Minn., one of the loveliest portions of the state. He will also open an office in Zumbrota. Dr. Phillips is a very promising young physician and will succeed.

Members of the osteopathic profession will learn with sincere regret of the death of Mrs. Dr. U. M. Hibbets, at her home in Grinnell, Iowa, from consumption on June 4th (?). Dr. Hibbets spent the past winter in California with his wife in a vain endeavor to save her life, but the malady had secured too firm a foothold for recovery.

Mrs. M. L. Blaney, D. O., one of our worthy graduates, has returned from an extended visit at her old home, Quincy, Ill.

Andrew Peterson of Omaha, Neb., paid a visit to his son, B. S. Peterson, of the June class, 1902 (S. C. O.), on his way to Europe, where he will make an extensive tour of the country, visiting various points of interest, also his brother, whom he has not seen for forty-two years.

In this issue we publish Mrs. W. L. Riggs' announcement of her late lamented husband's books, which, owing to their value to osteopathic physicians, should be in their libraries. We hope Mrs. Riggs will receive many orders for these books. Remittances should be sent to her at Unionville, Mo.

A letter from a friend in Fairmont, Minn., speaks very encouragingly of the Drs. Jester, who so worthily represent osteopathy in that bright little city. Only a few weeks ago they saved a patient from the surgeon's knife, when under ordinary treatment an operation would have been performed.

Dr. F. A. Thomas of Aurora, Neb., was married during the month of June to Miss Adith Blanche Bailey of York, Neb., and they have already settled down to domestic life at their new home in Aurora. The congratulations of Dr. Thomas' class of January, 1901, as well as the faculty of Still College, are with them.

We are pleased to learn authoritatively that Mr. and Mrs. Moellering of the Northern College will locate in St. Paul. They won a fine record in school and we are confident they will win laurels for osteopathy in the practice of the profession. They have fitted up very nice offices in the Commercial Block.

It is especially gratifying to announce the appointment of Dr. R. A. Kirkpatrick, one of the January, '02, graduates of S. C. O., as one of the examining physicians at the state asylum for the criminal insane in Michigan. Dr. Kirkpatrick is located at Ionia, where he has already built up a very fine osteopathic practice.

J. D. Glover of our junior class was called to his home at Union City, Tenn., a few days before the close of the spring term, but will be back for the opening of the new college year in September, accompanied, we trust, by a number of new students from that state which is furnishing osteopathy with a number of skilled osteopaths.

Dr. W. L. Buster, of Auburn, N. Y., is about to remove to New York City, there to establish a practice. Dr. Buster leaves many friends at Auburn who have learned to appreciate him, and we trust he will find in the great metropolis the success he merits. We will publish Dr. Buster's permanent address as soon as he has definitely located.

Dr. Clara E. Sullivan has resigned her position as instructor in the Southern School of Osteopathy, which she has held for the past year, and has associated herself with the Tri-State Osteopathic Institute of Wheeling, W. Va. This should bring added prosperity to both Dr. Sullivan and Dr. Doneghy, who four years ago established the Tri-State Osteopathic Institute.

One of the most prominent, and at the same time one of the most successful, osteopathic physicians in the East wrote the publishers the other day: "I will be unable to go to Milwaukee, but if time would permit I would a hundred times rather go to Des Moines and take the post-graduate course with Dr. S. S. Still and his faculty, some of whom I know and for all of whom I have a very high regard."

No one would occupy time or space arguing that much of disease is not preventable and the result of ignorance and the weakness of the ego, but to boldly and unconditionally announce that "Health is simple and certain—health—certain—unconditionally—is the exclusive province of the patent medicine man, the advertising doctors, and the Christian Scientists.

The managing editor was responsible for the appearance of a personal reference to Dr. S. S. Still which appeared in the last issue of The Northern and Cosmopolitan Osteopath, and of course, without intent, responsible for the placing of his name at the bottom of the article to which we refer. We cannot account for the mistake in only one way, viz.: that the name was lifted from the imposing stone and by mistake attached to that particular article.

Dr. Thos. P. Bond, professor of surgery in Still College, Des Moines, was recently the recipient of a very delightful memento from his former students of the Milwaukee School of Osteopathy, now completing their course of study at Kirksville. They sent the doctor with their good wishes a copy of the valuable book, Butler's Diagnostics of Internal Medicine. Such acts of kindly consideration and remembrances are the things that make college life pleasant.

The Iowa Undertakers' Association which met at Creston recently elected Dr. W. S. Carpenter, for some time connected with Still College of Osteopathy, as vice president. Dr. Carpenter is now president of the Des Moines College of Embalming, which is conducted in connection with Still College. The Iowa Undertakers' Association decided to hold their next annual meeting at Still College in Des Moines. This will be an excellent opportunity to form a mutual acquaintance between those antagonistic persons, the osteopaths, who keep men away from the undertakers, and the undertakers themselves.

Dr. L. S. Bottenfield, who graduated with the last class of the Northern College, will open offices in Mankato, Minn. Dr. Bottenfield's success we regard as assured. He was a finely educated man before he took up the cause of osteopathy and held a professorship in Drake University, Iowa, for twelve years, and in the North Dakota Agricultural College for six years. He became enamored with osteopathy and promptly entered The Northern College. Dr. Bottenfield brings to his profession a cultivated mind and a matured judgment, and we feel confident for his success.

One of our freshman lady students, who was formerly a trained nurse, in bidding the cashier of Still College goodbye, to return to her Oregon home for the summer, showed her expense account for the term of five months, including everything she had spent for all purposes from the time of arrival, September 1st, until the time of departure, June 23d, and the total sum expended was \$44. This sum she says will be sufficient for any lady who has reasonable strength and desire to do some light work consistent with her studies. On the other hand, lady students can easily spend \$150 or more if they choose in an equal length of time.

The following complimentary notice of Drs. Jester & Jester appeared in the Martin County Independent of Fairmont, Minn.: "The science of healing is advancing by leaps and bounds these days, and osteopathy, the drugless science, is rapidly making its way among thinking people as a curative agency. The antiquated and stubborn idea that drugs comprehend the curative art is fast giving way before the successful treatment of the skilled in osteopathy. To cure without medicine is certainly nature's method, and the claims of osteopathy are every day being substantiated by its wonderful results." Dr. Richard M. Jester and Dr. Florence M. Jester, his wife, have been practicing in Fairmont since last July. They have built up a large practice and made many friends.

## THE NORTHERN OSTEOPATH.

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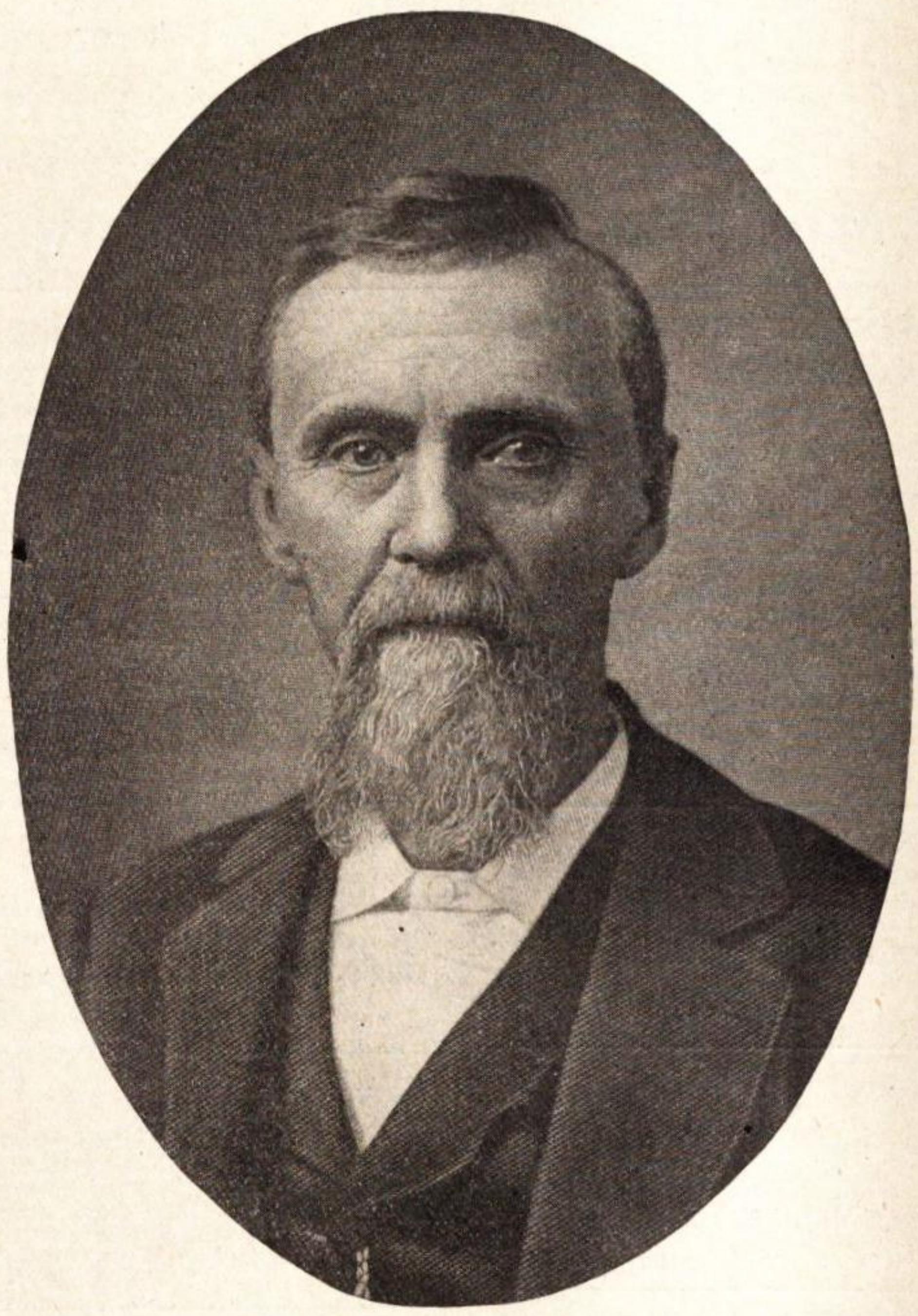
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